

BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

Bulletin Number: MMP 25-14

Distribution: All Providers

Issued: May 30, 2025

Subject: Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Code Updates

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services, MI Health Link

This bulletin is to notify providers of CPT and HCPCS code changes being implemented by the Michigan Department of Health and Human Services (MDHHS). Effective dates are identified for each topic area. Note that this notice is distributed to a broad range of providers and not all, or any, of the codes listed may apply to their scope of practice.

Refer to HCPCS code books and the Centers for Medicare & Medicaid Services (CMS) website (www.cms.hhs.gov) for full descriptions of codes. Information regarding fee screens is maintained on the appropriate database or professional fee schedule on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information. Additional pertinent coverage parameters, such as age restrictions, prior authorization (PA) requirements, and other billing indicators, are accessible via the Medicaid Code and Rate Reference tool within the Community Health Automated Medicaid Processing System (CHAMPS) at <https://sso.state.mi.us> >> External Links >> Medicaid Code and Rate Reference.

A. COVERAGE OF NEW CODES ESTABLISHED APRIL 1, 2025

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after April 1, 2025, and the provider groups allowed to bill these codes. Any new procedure code not listed will not be covered at this time, except for reporting codes. Coding information is based on the most recent file from CMS. If additional code revisions are released by CMS, a subsequent bulletin will be published notifying providers of this change.

The symbol * will appear with those codes requiring PA.

Reporting codes (Category II codes and other select HCPCS codes) will be allowed for submission to Medicaid where appropriate. The codes are optional but can be used to complement Category I codes for clarification purposes. Reporting codes will not appear on the MDHHS fee schedule; however, a full list of current codes can be found at www.ama-assn.org/go/cpt.

1. Physicians, Practitioners, and Medical Clinics

A9611	J0281	J1072	J1271	J1299*	J1308	J1808
J1938	J2351*	J2428	J2804	J2865	J9024	J9038
J9054	Q2057*	Q5147	Q5149	Q5152*	Q9999	

2. Outpatient Prospective Payment System (OPPS)/Ambulatory Payment Classification (APC)

MDHHS aligns with Medicare guidelines for procedure codes covered through the OPPS/APC as closely as possible. Certain procedures billed by Outpatient Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehabilitation Agencies, and Freestanding Dialysis Centers may represent packaged/bundled service codes. The costs for these services are allocated to the APC but are not paid separately. For services not paid under OPPS, MDHHS will utilize a Medicare fee schedule with the MDHHS reduction factor applied.

a. Wrap Around Codes

Codes covered differently than Medicare or specific to Michigan Medicaid services will be identified on the April 2025 version of the OPPS Wrap-Around Code List on the MDHHS website: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Outpatient Hospitals

3. Ambulatory Surgical Centers (ASC)

MDHHS aligns with Medicare guidelines for Medicaid-covered procedure codes covered through the Outpatient Ambulatory Prospective Payment System (OAPPS) as closely as possible. Certain procedures billed by ASCs may represent packaged/bundled service codes. The costs for these services are not paid separately. For ASC services paid as Medicare-certified ASC facilities, MDHHS will utilize a Medicare fee schedule with the MDHHS reduction factor applied.

a. Wrap Around Codes

Codes covered differently than Medicare or specific to Michigan Medicaid services will be identified on the April 2025 version of the ASC Code List on the MDHHS website: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Ambulatory Surgical Centers.

4. Federally Qualified Health Centers, Rural Health Clinics and Tribal Health Centers

J1072 J1808 J1938 J2428 Q9999

5. Local Health Department

J1808 J1938 J2428

6. Child and Adolescent Health Centers & Programs

J1072 J1808 J1938 J2428

7. Certified Nurse Midwives

J0281 J1271

8. Podiatry

J1271

9. Oral/Maxillofacial Surgeons

J0281 J1271

10. Urgent Care Centers

J1938

11. Independent Diagnostic Testing Facility (IDTF)

A9611

12. Certified Registered Nurse Anesthetist (CRNA)

J1308

13. Medical Suppliers, Orthotists, and Prosthetists

A6519* E1022* E1032* E1033* E1034* L0720*

B. NEW COVERAGE OF EXISTING CODES

1. Effective for dates of service on and after April 1, 2025, existing HCPCS codes will be activated for coverage as identified in the following provider categories:

a. Physicians, Practitioners, and Medical Clinic

90626 90627 A9608 G0567

b. Federally Qualified Health Centers, Rural Health Clinics and Tribal Health Centers, Local Health Department and Child and Adolescent Health Centers & Programs

90626 90627 G0567

c. Family Planning Clinic

90626 90627 G0567

d. Certified Nurse Midwives

90626 90627 G0567

e. Laboratory Services

G0567

f. Independent Diagnostic Testing Facility (IDTF)

A9608

g. Urgent Care Centers

90626 90627 G0567

h. Social Worker, Psychologist, Professional Counselor and Marriage and Family Therapists

G0539 G0540

2. Effective for dates of service on and after May 1, 2025, existing HCPCS codes will be activated for coverage as identified in the following provider categories:

a. Medical Suppliers, Orthotists, and Prosthetists

L6310*	L6360*	L6611*	L6623*	L6624*	L6703*	L6880*
L6920*	L6925*	L6930*	L6940*	L6945*	L6950*	L6955*
L6960*	L6965*	L6970*	L6975*	L7007*	L7008*	L7040*
L7170*	L7180*	L7181*	L7185*	L7190*	L7191*	L7259*

C. PA FOR EXISTING CODE

Effective for dates of service on and after March 1, 2025, the following HCPCS codes will require PA:

E1161*	E1231*	E1232*	E1233*	E1234*	E1235*	E1236*
E1237*	E1238*	K0005*	K0040*			

D. DISCONTINUED COVERAGE FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes coverage are discontinued effective March 31, 2025:

90476	90584	90644	90759
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E. DISCONTINUED HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

1. The following HCPCS codes are discontinued effective March 31, 2025:

A9155	G0564	G0565	J1094	J1300	J1810	J1890	J1940
J9037	J9247	L8010	Q4231	Q5139	S0017	S0028	S0032
S0039	S4988						

2. The following HCPCS codes are discontinued effective December 12, 2024:

M0220	M0221	M0222	M0223	M0240	M0241	M0243	M0244
M0247	Q0220	Q0221	Q0222	Q0240	Q0243	Q0244	Q0247

3. The following HCPCS codes coverage are discontinued effective December 13, 2023:

M0245	M0246	Q0245
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Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

A handwritten signature in black ink, reading "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

Meghan E. Groen, Chief Deputy Director
Health Services